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Bib Data Sheet

CONFIRMATION NO. 7010

SERIAL NUMBER 10/613,230	FILING DATE 07/07/2003 RULE	CLASS 702	GROUP ART UNIT 2857	ATTORNEY DOCKET NO. 10473-998
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APPLICANTS

Dale A. Trsar, Mt. Prospect, IL;
 Tyrone J. Moritz, Morton Grove, IL;
 Mark H. Petersen, Mundelein, IL; Edward A. Maron, Woodstock, IL;
 Richard H. Shepherd, McHenry, IL;
 Randall S. Harbin, Crystal Lake, IL;
 Neil Davis, Stockton, CA;
 Mary Beth Siddons, McHenry, IL;
 David R. Ellingen, Escondido, CA;
 Brad R. Lewis, Gilroy, CA;

** CONTINUING DATA ***** None, Mc

** FOREIGN APPLICATIONS ***** None, Mc

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 10/02/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Mohamed Elmeri</i> Initials <i>Mc</i>	STATE OR COUNTRY IL	SHEETS DRAWING 6	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
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ADDRESS
 20277
 MCDERMOTT WILL & EMERY LLP
 600 13TH STREET, N.W.
 WASHINGTON, DC
 20005-3096

TITLE
 Distributed expert diagnostic service and system

☐ All Fees

<p>FILING FEE RECEIVED 2396</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit _____</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
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